

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1-6-94</u>		2 Serial/Patent # <u>07/910155</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing	1	14 July 92	\$ 120							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 120							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>			1	1	--	0	6	0	0
1	1	--	0	6	0	0					
	No Fee Due (Explanation):										
<div style="font-size: 1.2em; font-family: cursive;">EPaid the Search</div>											
11 REFUND REQUESTED BY: <u>P. Kiedwell</u>											
TYPED/PRINTED NAME: <u>Cathy Short</u>		TITLE: <u>Supervisor</u>									
SIGNATURE: <u>P. Kiedwell for C. Short</u>		PHONE: <u>3053165</u>									
OFFICE: <u>PCI</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>1/27/94</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: